



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 1513

|  |   |                                   |   |   |                                |
|--|---|-----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/756,764   | <b>FILING or 371(c) DATE</b><br>01/14/2004<br><b>RULE</b>   | <b>CLASS</b><br>606               | <b>GROUP ART UNIT</b><br>3773   | <b>ATTORNEY DOCKET NO.</b><br>030481-0213 |                                |
| <b>APPLICANTS</b><br>Per Egnelov, Uppsala, SWEDEN;<br>Fredrik Preinitz, Uppsala, SWEDEN;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/439,800 01/14/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>04/20/2004 |   |                                   |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /MELANIE RUANO<br>TYSON/<br>Acknowledged Examiner's Signature  | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>SWEDEN | <b>SHEETS DRAWINGS</b><br>6   | <b>TOTAL CLAIMS</b><br>18                 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>FOLEY AND LARDNER LLP<br>SUITE 500<br>3000 K STREET NW<br>WASHINGTON, DC 20007<br>UNITED STATES  |   |                                   |   |   |                                |
| <b>TITLE</b><br>Closure device and method for sealing a puncture in a blood vessel   |   |                                   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>974  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |